

THIS CERTIFICATE MUST BE MADE FOR EACH CHILD, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

149

1. PLACE OF BIRTH

County Gila State Ariz.
Township _____ or Village San Carlos
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marie Mohsill { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>9-14-30</u> , 19____ (Month, day, year)
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9. Full name
FATHER
Alfred Mohsill

10. Residence (usual place of abode) San Carlos
(If nonresident, give place and State) Ariz.

11. Color or race 4/4 12. Age at last birthday 30 (Years)
Apache Indian

13. Birthplace (city or place) Rice
(State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

18. Full maiden name
MOTHER
Rachael Mohsill

19. Residence (usual place of abode) San Carlos
(If nonresident, give place and State) Ariz.

20. Color or race 4/4 21. Age at last birthday 43 (Years)
Apache Indian

22. Birthplace (city or place) San Carlos
(State or country) Ariz.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 6 (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:00 on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____

(Date of) _____

(Signed) G. Lang R, M.D.

or _____, Midwife

Address San Carlos Ariz

Filed 9/24, 1930 G. Lang R Registrar.

Registrar.

443-914-943